

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

J 3 L Enterprise Limo, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 87 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Justin Angona

Telephone: 803- 849- 2656

Address: 142 Farm Chase dr

Fax:

Lexington SC 29073

Other:

Email: jangona24@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB 28 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 27 Feb 2014

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

J?L Enterprise Limox LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

142 Farm Chase dr, Lexington SC 29073

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-849-2656

Phone

Fax

Sangona24@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="None"/>	Mortgage/Loan on Real Estate	<input type="text" value="N/A"/>
Value of Motor Vehicles	<input type="text" value="25,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="16,000"/>
Cash on Hand	<input type="text" value="1,000"/>	Business/Other Loans Owed	<input type="text" value="N/A"/>
Cash in Bank	<input type="text" value="6,000"/>	Other Liabilities or Debts	<input type="text" value="None"/>
Value of Other Assets and Equipment	<input type="text" value="None"/>	Total Liabilities	<input type="text" value="16,000 ✓"/>
Total Assets	<input type="text" value="32,000 ✓"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$400.00 an hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Hummer	2006 H2	5GREN23UX6H112579	9560

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Justin Angona

Name of Applicant

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ _____

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Name of Insurance Company

Home Office Address of Company

See attached

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)Justin Anyona

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Progressive
P.O. Box 94739
Cleveland, OH 44101

1-800-895-2886

PROGRESSIVE
COMMERCIAL

Policy number: 00469408-0

Underwritten by:
Progressive Northern Insurance Co
February 27, 2019
Page 1 of 1

Certificate of Insurance

Certificate Holder

JUSTIN ANGONA
142 FARM CHASE DR
LEXINGTON, SC 29073

Insured

JUSTIN ANGONA
142 FARM CHASE DR
LEXINGTON, SC 29073

Agent

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Feb 27, 2019

Policy Expiration Date: Feb 27, 2020

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$300,000 Combined Single Limit

Uninsured Motorist Bodily Injury

\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2006 HUMMER H2 5GRGN23UX6H112579

Uninsured Motorist Property Damage

\$25,000 w/\$200 Ded

Comprehensive

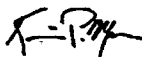
\$1,000 w/\$0 Glass Ded

Collision

\$1,000 Ded

Certificate number

05819A11408



Form 5241 (10/02)

Progressive
P.O. Box 94739
Cleveland, OH 44101

PROGRESSIVE
COMMERCIAL

JUSTIN ANGONA
142 FARM CHASE DR
LEXINGTON, SC 29073

Underwritten by:
Progressive Northern Insurance Co
February 27, 2019
Policy Period: Feb 27, 2019 - Feb 27, 2020
Page 1 of 2

Dear JUSTIN ANGONA,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressivecommercial.com.

Welcome JUSTIN ANGONA!

Thank you for choosing Progressive for your commercial insurance needs. We're excited that you've joined us, and we look forward to providing the superior service our customers have come to expect from us.

What we have for you

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

Continued

What to do next

- Send in the information needed to complete your insurance purchase
- Go to progressivecommercial.com and log in to our online service site
- Watch for your new policy information (coming soon)

What we want you to know

You're important to us, and we're here for you and your business 24 hours a day, seven days a week—whether you need to update your policy, report or check the status of a claim, or simply ask us a question. So please call us anytime at 1-800-895-2886 or visit us at progressivecommercial.com.

Again, thank you for putting your trust in us for your commercial insurance needs.

Sincerely,



John Barbagallo
President, Commercial Lines
Progressive

Receipt of initial payment for the policy

This is receipt of \$691.00 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call Progressive at 1-800-876-7206.

Form WELLTR (05/06)

Policy number: 00469408-0

Policyholder:

JUSTIN ANGONA

February 27, 2019

Policy period: Feb 27, 2019 - Feb 27, 2020

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to Progressive** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Your Checklist

Thank you for taking a moment to review the following information. By returning the items requested below, we can finalize your insurance purchase.

Please know that your insurance premium is based on this information. Without documentation to confirm your eligibility for certain rates, your premium may change. We appreciate your taking the time to complete these requests, and we thank you for your business!

Sign and return

- ☐ Your application
- ☐ Signed Offer of additional uninsured motorist coverage and optional underinsured motorist coverage

Return to: Progressive
P.O. Box 94739
Cleveland, OH 44101
Fax: 1-800-556-0014

Form CHKLST SC (05/08)

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 00469408-0

Named Insured: JUSTIN ANGONA

February 27, 2019

Page 1 of 4

Policy and premium information for policy number 00469408-0

Insurance company:	Progressive Northern Insurance Co P.O. BOX 94739 Cleveland, OH 44101
Named Insured:	JUSTIN ANGONA 142 FARM CHASE DR LEXINGTON, SC 29073 e-mail address: JANGONA24@GMAIL.COM Phone Number: 1-803-849-2656
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Feb 27, 2019 - Feb 27, 2020
Effective date and time:	Feb 27, 2019 at 10:51AM ET
Total policy premium:	\$3,447.00
Initial payment required:	\$691.00
Initial payment received:	\$691.00
Payment plan:	10 Payments

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
JUSTIN ANGONA	06/10/1983	35	Single	****4516	SC	0		No	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,694
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist			181
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Comprehensive			218
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			352
See Auto Coverage Schedule	Limit of liability less deductible		

Subtotal policy premium

\$3,445


Continued

Policy number: 00469408-0

JUSTIN ANGONA

Page 2 of 4

South Carolina Uninsured Motorist Fund charge	2
Total 12 month policy premium and fees	\$3,447

Auto coverage schedule

1. **2006 HUMMER H2** Stated Amount: * \$35,000 (including Permanently Attached Equip)
 VIN: **5GRGN23UX6H112579** Garaging Zip Code: 29073 Territory: 06 Radius: 100 miles
 Personal use: N Body type: Limousine Use class: S

Liability Premium	Liability	UM	UM PD	
	\$2694	\$163	\$18	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium
	\$1,000	\$218	\$1,000	\$352
				Auto Total
				\$3,445

Vehicle questions

1. Please indicate the stretch length of this vehicle: 121.To 180 Inches

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible.Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name	Home address	Age	Date of birth
JUSTIN ANGONA	142 FARM CHASE DR LEXINGTON, SC 29073-0000	35	06/10/1983

Business information

Business type	Sub business type	Other
Passenger Transportation (For Hire)	Black Car Services	
Applicant	Employer ID number	
Individual/Sole Proprietor		

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 2018
 2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

Prior insurance questions

Prior insurance: No

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0
 How many Additional Insureds are required? 0
 Are any state or federal filings required? No

 Continued

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the cancellation of this policy within its first 90 days.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$15.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

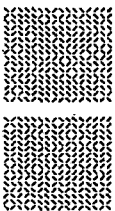
The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X

Form Z421 SC (05/15)



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

Offer of additional uninsured motorist coverage and optional underinsured motorist coverage

I. Explanation of coverages

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least \$25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly-known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a \$550 fee to drive uninsured. There is no requirement that an insurance company offer higher than minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

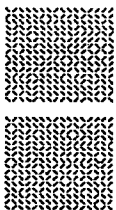
Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you have purchased. The limits of additional uninsured motorist coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorist coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.



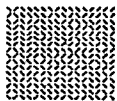
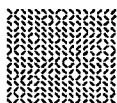
Policy number: 00469408-0
JUSTIN ANGONA
Page2 of 5

If you do not complete this Form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages and your policy may be canceled for non-payment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services
South Carolina Department of Insurance
1201 Main Street, Suite 1000, Columbia, SC 29201
Post Office Box 100105 Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467 E-Mail Address: consumers@doi.sc.gov



Policy number: 00469408-0
JUSTIN ANGONA
Page 3 of 5

II. Offer of additional uninsured motorist coverage

Limits of Coverage

\$25,000/\$50,000/\$25,000

Amounts of Increased Premium

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\$100,000 Combined Single Limit (each accident)

\$221.00

\$300,000 Combined Single Limit (each accident)

\$299.00

To obtain the uninsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase additional uninsured motorist coverage? Yes _____ No _____

If your answer is "no," then you must sign here.

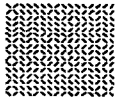
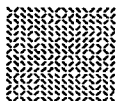
Your Signature

X _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____ split limits; or

I select _____ Combined Single Limit



Policy number: 00469408-0
JUSTIN ANGONA
Page 4 of 5

III. Offer of underinsured motorist coverage

Limits of Coverage	Amounts of Increased Premium
\$25,000/\$50,000/\$25,000	\$199.00
\$100,000 Combined Single Limit (each accident)	\$246.00
\$300,000 Combined Single Limit (each accident)	\$338.00

To obtain the underinsured motorist premium amounts for adding or removing vehicles, please contact us.

Do you wish to purchase underinsured motorist coverage? Yes _____ No _____

If your answer is "no," then you must sign here.

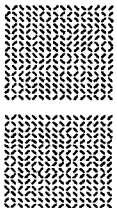
Your Signature

X _____

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____ split limits; or

I select _____ Combined Single Limit



Policy number: 00469408-0
JUSTIN ANGONA
Page 5 of 5

IV. Applicant's acknowledgment

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and optional underinsured motorist coverage. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

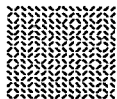
Type or Print Your Name: JUSTIN ANGONA
Your Address: 142 FARM CHASE DR
LEXINGTON, SC 29073

Your Signature

Today's Date

X

Form 2006 SC (05/15)



Policy number: 00469408-0

Policyholder:

JUSTIN ANGONA

February 27, 2019

Policy period: Feb 27, 2019 - Feb 27, 2020

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Mar 27, 2019	\$318.23	Jul 27, 2019	\$318.23	Nov 27, 2019	\$318.16
Apr 27, 2019	\$318.23	Aug 27, 2019	\$318.23		
May 27, 2019	\$318.23	Sep 27, 2019	\$318.23		
Jun 27, 2019	\$318.23	Oct 27, 2019	\$318.23		

Total Premium: \$3,447.00

Payment Option: 10 Payments

An installment fee of \$12.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

Form Z159 (05/06)


Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

✂

<p>JUSTIN ANGONA</p>  <p>Form A022 (03/11)</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none"> 1. Remain at the scene. Don't admit fault. 2. Find a safe location, call the police, and exchange driver information. 3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>PROGRESSIVE</p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>INSURANCE IDENTIFICATION CARD - South Carolina</p> <p>Policy Number: 00469408-0 Effective Date: 02/27/2019 Expiration Date: 02/27/2020 Policy Type: Commercial Insurer: Progressive Northern Insurance Co 1-800-895-2886 P.O. BOX 94739 Cleveland, OH 44101</p> <p>Named Insured(s): JUSTIN ANGONA Year Make Model VIN 2006 HUMMER H2 5GRGN23UX6H112579</p> <p>Coverage under this policy meets South Carolina's minimum financial responsibility requirements.</p>
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South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

This filing has been submitted and filed successfully.

Customer Receipt

Request Certified Documents

Submit a document request at
<https://businessfilings.sc.gov/BusinessFiling/Entity/DocumentRequest>

Transaction Information

Transaction ID: 294114

Entity Name: J & L Enterprise Limo LLC

Receipt Date: 2/27/2019 4:12:20 PM

Payment Type : Cash

Charges

Pricing Summary

Item	Price
Articles of Organization	\$110.00
Total Cost	\$110.00
Total Amount Paid	\$110.00

Note: Your bank statement may reflect that the charge was made by SC.gov.

Filing Information

Contact Information

Name: Justin Angona

Address: 142 Farm Chase Dr
Lexington, South Carolina 29073

Documents Filed

Filing ID	Filing Type
190227-1612200 :	<u>Articles of Organization</u>

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

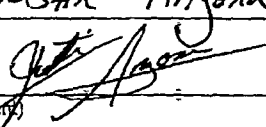
J3L Enterprise Limo, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC.", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City, State, Zip Code)

3. The initial agent for service of process is

Justin Angona
(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City) South Carolina (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Justin Angona
(Name)
142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City, State, Zip Code)

JEL Enterprise Limo, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

Justin Angola
For All Debts.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

J ? L Enterprise, Lino, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signature of Organizer

Date:

27 Feb 2019

Signature of Organizer

Date:

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

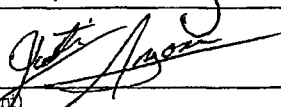
J3L Enterprise Limo, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City, State, Zip Code)

3. The initial agent for service of process is

Justin Angona
(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City) South Carolina (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Justin Angona
(Name)
142 Farm Chase dr
(Street Address)
Lexington SC 29073
(City, State, Zip Code)

JEL Enterprise Limo, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

Justin Angona
For All Debts.

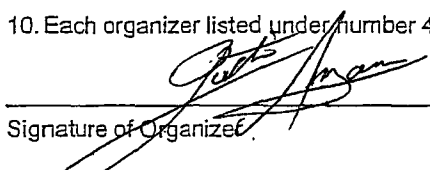
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____

J ? L Enterprise, Limo, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.


Signature of Organizer

Date: 27 Feb 2019

Signature of Organizer

Date: _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



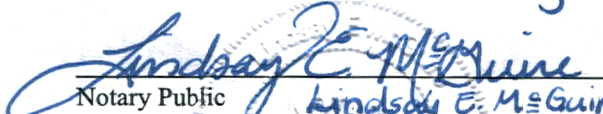
Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Lexington)

SWORN TO BEFORE ME
This 27th day of February, 20 19



Notary Public Lindsay E. McGuire

Commission Expires September 29, 2021

